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CONFIRMATION NO. 4015

SERIAL NUMBER 10/736,043	FILING OR 371(c) DATE 12/15/2003 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 02755/100J633-US1
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/433,423 12/13/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> McNamee me1 Verified and Acknowledged <i>/S/ Bruce E. Kennedy/</i> Examiner's Signature <i>WMS</i>	STATE OR COUNTRY NY	SHEETS DRAWING 11	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 3
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TITLE

TRANSDERMAL BUPRORPHINE DOSAGE REGIMEN FOR ANALGESIA

FILING FEE RECEIVED 1570	FEES: Authority has been given in Paper No. to charge/credit DEPOSIT ACCOUNT No. for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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